

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043349

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 380 Primary Registration District No. 3099 Registrar's No. 228

STATE FILE NUMBER

FILED NOV 19 1962

## 1. PLACE OF DEATH

a. COUNTY Linnb. CITY (If outside corporate limits, give TOWNSHIP only):  
OR TOWN BrookfieldLength of stay in 1b  
4 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Pershing HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Linnc. CITY  
OR TOWN BrookfieldInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
604 Freeman StreetReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Alton Lafayette Abbott4. DATE OF DEATH  
Month Day Year  
November 10, 19625. SEX  
M6. COLOR OR RACE  
W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6-26-19089. AGE (last birthday)  
54IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Grader operator10b. KIND OF BUSINESS OR INDUSTRY  
Township11. BIRTHPLACE (City and state or country)  
New Boston, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

G. W. Abbott

## 13b. MOTHER'S MAIDEN NAME

Elma Charlotte Coram

## 14. NAME OF HUSBAND OR WIFE

Ada May Abbott

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Ada Abbott, Brookfield, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral vascular accidentINTERVAL BETWEEN  
ONSET AND DEATH  
30 hrs.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
-20c. TIME OF  
INJURY  
Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
11/8/62

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/8/62 to 11/10/62 and last saw her  
him alive on 11/10/62.  
Death occurred at 2:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
11-12-196223c. NAME OF CEMETERY OR CREMATORY  
Nester Chapel Cemetery23d. LOCATION (City, town, or county)  
New Boston, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Wright Funeral Home, Brookfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-12-62

## 26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/591 05852 058534 05 167 08 29 331X101112 2-013 2-0

DEC 10 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. B. Wright*

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.